

TALBOT COUNTY



Selection of Focus Area

Talbot County's health priorities include many issues relevant to its youngest residents. Improved perinatal care, enhanced primary care and immunization compliance, as well as dental, mental health and addictions issues are ongoing areas of concern. The issue of violence in the lives of our children was chosen as our health priority because local data showed a worsening trend in juvenile crime violence. Increased episodes of violent behavior among children and youth nationally have emphasized the tremendous impact violence can have on the lives of the youngest residents of our communities.

DEMOGRAPHIC OVERVIEW

Estimated Population, by Race – 1998

Total	33,070
White	75.7%
Other	24.3%

Estimated Population, by Age – 1998

Under 1	330	18-44	11,100
1-4	1,480	45-64	8,090
5-17	5,230	65+	6,840

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 409.4

Infant Mortality Rate 1995-1999 3.5

Estimated Mean Household Income – 1999 \$68,100

Estimated Median Household Income – 1999 \$44,800

Civilian Unemployment Rate, Annual Average – 1999 2.8

Labor force (Top 4) – 1995

Services	8,000	Manufacturing	3,000
Retail Trade	4,300	Construction	1,700

Sources: Maryland Vital Statistics, 1999
Maryland Department of Planning, 1995, 1998, 1999

Reducing Interpersonal Violence in the Lives of Children

Definition

Interpersonal violence refers to injury or harm that occurs in physical altercations between at least two human beings.

Problem

Interpersonal violence is a substantial problem for the children and youth (ages birth to 19) of Talbot County who comprise 22.8% of the population. Although rates of indicated child abuse and neglect are near the State average, Talbot exceeds the rate of 13 other jurisdictions in Maryland. Talbot's non-violent and violent juvenile crime arrests, as well as its violence related school suspension rate, are the fourth worst in the state.

Determinants

Healthy People 2010 cites poverty, lack of educational and employment opportunities, and discrimination as significant risk factors for violence. It also emphasizes that strategies for reducing violence should begin early in life, before violent beliefs and behavioral patterns are established.

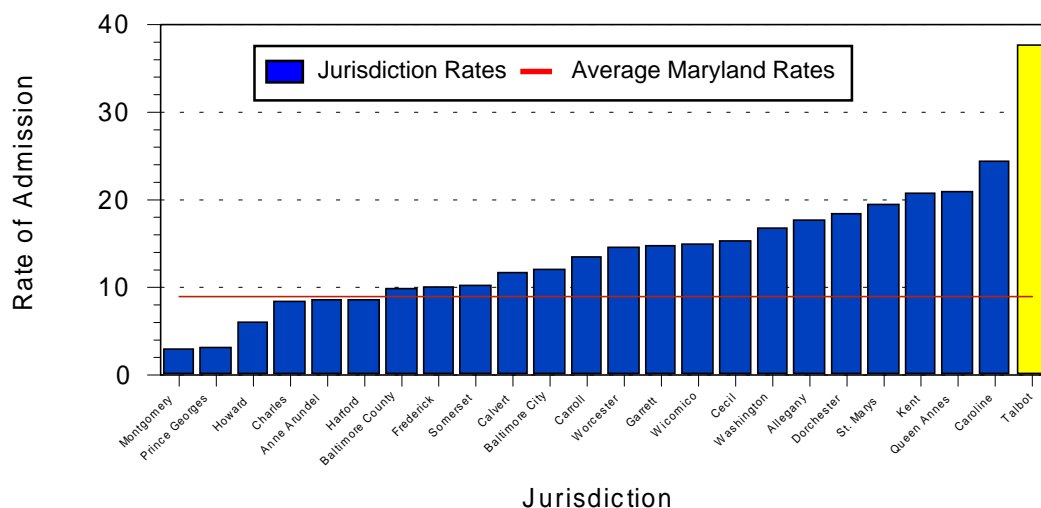
Talbot's on-time graduation rate is the fifth worst in the State. One of every four Talbot mothers age 26 or younger who gave birth in 1998 did not have a high school diploma. Seventy-eight percent of parents in a household are employed, meaning many middle and high school children have minimal supervision from the time school dismisses until adults arrive home. Only 164 infant day care slots exist in the County although there are approximately 350 births per year.

The number of children living in poverty has increased since 1990. In 1995, one of every 7.4 children were living at the federal poverty level. In 1989, the median family income (\$38,599) was less than the State level (\$45,034) and the average income of a female headed household was only \$17,722 (Maryland's was \$21,292). There are no post-secondary educational facilities in the County. In 2000, the public transportation system only served certain geographical areas of the County and had no evening services for people without transportation to evening classes. A high school vocational technical center was being constructed; but no vocational technical programs were available to high school students or adults in the County.

In the 1996 Survey of Drug Use Among Maryland Adolescents, Talbot County statistics indicate that 59% of 12th graders were current beer and wine users and 55% used liquor. Thirty-seven percent of seniors were using cigarettes. All these figures are above the state average rates. Talbot is across the board higher on all substances used by eighth and 10th graders when compared to the State. Talbot has the highest admission rate in the State for adolescent substance abuse treatment.

Rate of Adolescent Admission to Substance Abuse Treatment Program

FY 1998



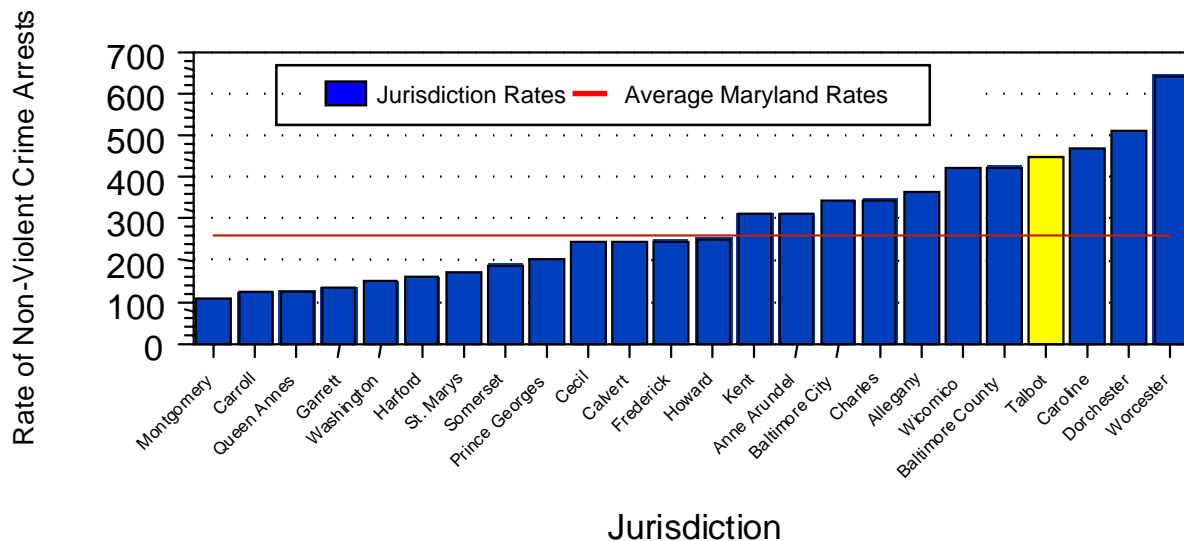
Source: Maryland Alcohol and Drug Abuse Administration Fiscal Year 1998
Rate is number of admissions per 1,000 population 10-19 years of age.

Focus groups conducted in the late summer of 1999 with 80 Talbot children ages five to 13 indicated that violence was an issue of concern for them. They indicated that bullies were a problem both in schools and the community. They reported that BB handguns, knives and razors were regularly brought to school and that some school bus drivers did not maintain control on the buses. Students felt that their sense of insecurity had increased due to bomb scares in local schools. They reported that they felt teachers could be more helpful in assisting them to deal with conflict.

In the community, children cited the easy availability of weapons and drugs as an issue. They said animal abuse and violence in their homes were of concern. Children indicated that although they are taught ways to handle conflict without physical aggression in school, that this is not what they see practiced in their homes and community. Children said their parents have a clear expectation that children will fight back if someone hits them first. Some children said they will be punished if they don't hit back. Children report that racial discrimination is an issue and that bi-racial and Hispanic children are frequent targets of teasing. The children clearly expect that some of their friends will die before age 18 from drinking and driving, fights, drugs, and AIDS.

Children spoke of wanting more adult involvement in their lives. They wished that their parents would attend activities with them rather than sending them alone or with peers. They also spoke of the need for adults to be more attentive and alert to what is happening to children in the com-

Juvenile Non-Violent Crime Arrests



Source: *Maryland Kids Count Data Book*, The Annie E. Casey Foundation, 1999.

munity.

Objective 1 - By 2010, reduce the rate of indicated child abuse and neglect investigations to less than 5.0 per 1,000 (1998 rate: 6.3). (Source: *1999 Maryland Kids Count Fact Book*)

Objective 2 - By 2010, reduce the violence-related school suspension rate to no more than 70 per 1,000 (1997-1998 rate: 83.6). (Source: *1999 Maryland Kids Count Fact Book*)

Objective 3 - By 2010, reduce the juvenile violent crime arrest rate to no more than 80 per 10,000 youth ages 10 to 17 (1997 rate: 103.2). (Source: *Maryland Kids Count Fact Book*)

Objective 4 - By 2010, reduce the juvenile non-violent crime arrest rate to no more than 300 per 10,000 youth ages 10 to 17 (1997 rate: 452.6). (Source: *Maryland Kids Count Fact Book*)

Action Steps

- ⇒ Increase the high school completion rate by increasing alternatives to traditional high school programs and enhancing availability of Graduate Equivalency Diploma (GED) Programs.

- ⇒ Increase the percentage of children attending after-school and summer programs.
- ⇒ Increase Healthy Family home visiting services for five years to all families of newborns who are identified as high risk families on the Kempe Family Stress Checklist.
- ⇒ Increase the proportion of primary providers who are trained to screen for mental health issues for infants, toddlers, preschool children, school-age children and adolescents.
- ⇒ Increase the proportion of primary care providers who are trained to offer information and make referrals for parent education that focuses on the mental health needs of infants, toddlers, and preschoolers.
- ⇒ Increase the proportion of primary care providers for children who include assessment of cognitive, emotional, and parent-child functioning with appropriate counseling, referral, and follow-up in their clinical practice.
- ⇒ Increase the economic vitality of lower income residents of the community by enhancing job training and advanced educational opportunities.
- ⇒ Increase minority and poorer elementary school children's opportunities for post secondary education by developing a plan that commits financial support while the student is in the second or third grade.
- ⇒ Increase infant and toddler day care slots by developing a plan with the business community that includes corporate supplemented day care.
- ⇒ Enhance preschool children's readiness to learn.
- ⇒ Develop a comprehensive community violence education program that targets schools, businesses, social and health care agencies as well as geographical areas of the community that are considered higher-crime areas.
- ⇒ Reduce utilization of alcohol and other substances through increased prevention and treatment.
- ⇒ Utilize information obtained from studying the various components of childrens'

services to identify specific processes and procedures susceptible to improvement and apply methods of process improvement.

Partners

21st Century Learning Center • Character Counts! • Easton HotSpots Community • Easton Police Department • Mid-Shore Council on Family Violence • Pickering Creek Environmental Center • St. Michaels Housing Authority • Shore Health Systems • Talbot County Government • Talbot County Department of Juvenile Justice • Talbot County Department of Social Services • Talbot County Health Department • Talbot County Public Schools • Talbot’s Children’s Trust, Inc. • Talbot County States Attorney’s Office • Talbot County Sheriff’s Department • Talbot Family Network • Talbot Mental Health Association • Talbot Multi Cultural Committee • Talbot Partnership for Alcohol & Other Drug Abuse Prevention • West Side Neighborhood Association

References

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